

APPLICATION FOR CDL SKILLS TEST WAIVER-MILITARY

North Dakota Department of Transportation, Drivers License Division
SFN 60071 (8-2012)

Driver's License Number

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Name of Driver (Last, First and Middle)		
Mailing Address	City	ZIP Code
Telephone Number	Social Security Number	Date of Birth

DRIVER RECORD CERTIFICATION***During the 2-year period immediately preceding this date:***

- ☐ I have not had more than one license (except for a military license).
- ☐ I have not had my driving privileges suspended, revoked, or canceled.
- ☐ **I have not been convicted of any disqualifying offenses contained in 49 CFR 383.51(b) (listed below)**
 Being under the influence of alcohol or a controlled substance
 Having an alcohol concentration of 0.04 concentration or greater while operating a CMV
 Refusing to take an alcohol test
 Leaving the scene of an accident
 Using the vehicle to commit a felony or felony involving the manufacturing, distributing or dispensing drugs
 Driving a CMV while your CDL is suspended, revoked or canceled
 Causing a fatality through the negligent operation of a CMV
- ☐ **I have not been convicted of more than one serious traffic violation contained in 49 CFR 383.51(c) (listed below)**
 Speeding excessively (15 mph or more above posted speed limit)
 Reckless Driving
 Improper or Erratic Lane Changes
 Following the vehicle ahead too closely
 Violating State or local laws relating to MV traffic control (other than a parking violation) arising in connection with a fatal accident
 Driving a CMV without obtaining a CDL
 Driving a CMV without a CDL in driver's possession
 Driving a CMV without the proper class of CDL and/or endorsements
 Violating State or local law or ordinance on motor vehicle traffic control prohibiting texting/ or prohibiting the use of a hand-held mobile telephone while driving a CMV
- ☐ I have not had any conviction for a violation of military, state, or local law relating to motor vehicle traffic control (other than a parking violation) arising in connection with any traffic accident and no record of an at-fault accident.

DRIVING EXPERIENCE CERTIFICATION

- ☐ I am regularly employed or have been employed within the last 90 days in a military position requiring operation of a commercial motor vehicle. (Commanding Officer must complete the back of this application).
- ☐ I was exempted from the CDL licensing requirements for driving a military vehicle on state roads and highways contained in 49 CFR 383.3 (c).
- ☐ I was operating a vehicle representative of the commercial motor vehicle I now expect to operate for at least the two years immediately preceding discharge from the military. (As stated on the back of this application).

Pursuant to the limitations of 49 CFR 383.77, I certify under penalty of perjury that I currently hold a valid North Dakota driver license and the information on this form is true and correct to the best of my knowledge.

Applicant Signature	Date
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Federal Privacy Act of 1974

Disclosure of the individual's social security number on this form is mandatory pursuant to NDCC 39-06-07. The individual's social security number is used by the department for file control purposes and record keeping.

MILITARY LETTER

(Must be completed by military member's commanding officer or appropriate administrative office)

Note: CDL knowledge (written) test (s) cannot be waived. The transfer of School Bus (S) and/or Passenger Bus (P) endorsements under this Waiver Program are prohibited.

Military Unit		
Service Branch		
Mailing Address	City	ZIP Code
Applicant's Years of Experience Operating Military Trucks	Applicant has Been Employed Regularly with the Above Service Since	
Unit Point of Contact	Telephone Number	
E-Mail Address (optional)		

Describe the class of vehicles the service member has been driving

Vehicle Military Model	Select One	GVWR	Transmission (select one)	Brakes (select one)	Select One
	<input type="checkbox"/> Tractor-Trailer <input type="checkbox"/> Truck and Trailer <input type="checkbox"/> Truck		<input type="checkbox"/> Automatic <input type="checkbox"/> Manual	<input type="checkbox"/> Full Airbrakes <input type="checkbox"/> Partial <input type="checkbox"/> Hydraulic	<input type="checkbox"/> 5th Wheel <input type="checkbox"/> Pintle Hook
	<input type="checkbox"/> Tractor-Trailer <input type="checkbox"/> Truck and Trailer <input type="checkbox"/> Truck		<input type="checkbox"/> Automatic <input type="checkbox"/> Manual	<input type="checkbox"/> Full Airbrakes <input type="checkbox"/> Partial <input type="checkbox"/> Hydraulic	<input type="checkbox"/> 5th Wheel <input type="checkbox"/> Pintle Hook

I certify that the person named on the front of this document is/was assigned in a job/assignment requiring the operation of a commercial motor vehicle, the service member's driving experience has been verified; and the information provided herein is true and correct to my knowledge, information and belief.

Printed Name	Date
Signature	Date

Upon review of your application and driving record check, the Drivers License Division will notify you in writing if you meet or do not meet the CDL Skills Test Waiver requirements.

Mail entire application to:

Drivers License Division
608 E Boulevard Avenue
Bismarck, ND 58505